

# NJ-1080C 2003

## STATE OF NEW JERSEY INCOME TAX - NONRESIDENT COMPOSITE RETURN

For Tax Year January 1 - December 31, 2003

ID Number	Legal Name		
Number of individuals participating in this return	Trade Name (if different from legal name)		
	Address (number and street)		
	City	State	Zip Code

Check if: 1. ☐ Professional Athletic Team 2. ☐ Partnership 3. ☐ New Jersey Electing S Corporation  
4. ☐ Limited Liability Company 5. ☐ Limited Liability Partnership 6. ☐ Estate or Trust

### 7. GUBERNATORIAL ELECTIONS FUND



Do you wish to designate \$1 of your taxes for this fund?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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**Note: If you check the "YES" box it will not increase the tax or reduce the refund.**

INCOME INFORMATION		Income From New Jersey Sources	
8. Wages, salaries, tips, and other employee compensation	8		
9. Taxable interest	9		
10. Dividends	10		
11. Net gain or income from disposition of property	11		
12. Distributive share of Partnership income	12		
13. Net Pro Rata Share of S Corporation	13		
14. Net gains or income from rents, royalties, patents & copyrights	14		
15. Net gains or income derived through Estates or trusts	15		
16. Other - state nature and source	16		
17. Total New Jersey Taxable Income (Add Lines 8 through 16)	17		
18. Tax (Multiply Line 17 by 6.37%)	18		
19. Total New Jersey Tax Withheld	19		Check <input type="checkbox"/> if Form NJ-2210 is attached
20. Estimated Payments / Credit from 2002 Composite return	20		
21. Tax Paid on Partners Behalf by Partnership	21		
22. Total Payments / Credits (Add Line 19 through 21)	22		
23. If payments are LESS THAN tax - enter Amount Due	23		
24. If payments are MORE THAN tax - enter OVERPAYMENT	24		
25. REFUND (Amount of Line 24 to be refunded)	25		
26. CREDIT to 2004 Tax	26		

Signature (See instructions)	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer is based on all information of which preparer has any knowledge.		
Title	Paid Preparer's Signature	Date	<input type="checkbox"/> Check if Self-Employed
Date	Firm's Name (or yours if self-employed)	Preparer's SS #	
	Preparer's Address	Preparer's Federal EIN #	

Division

Use 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_